



**LINCOLN POLICE DEPARTMENT**

575 South 10th Street Lincoln, NE 68508

402-441-7204 fax: 402-441-8492 lincoln.ne.gov

July 29, 2013

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of El Mariachi Taco Cantina, 601 'R' Street #150 requesting a class I/E liquor license.

Ever Preciado Shinn has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as the applicant is a currently approved owner / manager.

The applicant completed the required training on 4-11-2013.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



# APPLICANT INFORMATION

## 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

I am anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Jesus Hector Martinez Bosques	Dec. 2008	Houston, TX	Speeding	Fined

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2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

NEBRASKA LIQUOR  
CONTROL COMMISSION

If yes, give name of business and liquor license number \_\_\_\_\_

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number \_\_\_\_\_

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) \_\_\_\_\_

APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Jesus Hector Martinez Bosques

Name of Corporation that will hold license as listed on the Articles [REDACTED]

Hector El Dragon Martinez Corporation

Corporation Address: 2700 O St.

City: Lincoln State: NE Zip Code: 68510

Corporation Phone Number: (402) 476-2800 Fax Number: \_\_\_\_\_

Total Number of Corporation Shares Issued: 1,000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Martinez Bosques First Name: Jesus MI: Hector

Home Address: 2700 O St., #2 City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: (402) 318-4840

[Signature]  
Signature of President/CEO  
Jesus Hector Martinez Bosques, President

ACKNOWLEDGEMENT

State of Nebraska  
County of Lancaster

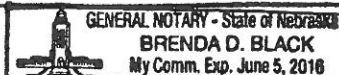
1st day of July, 2013  
Date

The foregoing instrument was acknowledged before me this

by Jesus Hector Martinez Bosques

name of person acknowledge

Attest Seal



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Martinez Bosques First Name: Jesus MI: Hector

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Shareholder, President, Secretary, Treasurer Number of Shares 1,000

Spouse Full Name (indicate N/A if single): Maria Paula Aguilar Salinas

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Preciado First Name: Ever MI: K.

Home Address (include PO Box if applicable): 1233 N. 41st St.

City: Lincoln County: Lancaster Zip Code: 68503

Home Phone Number: (402) 202-6626 Business Phone Number: (402) 476-2800

Social Security Number: \_\_\_\_\_ Drivers License Number & State: NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Guatemala

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Preciado First Name: Saira MI: Y.

Social Security Number \_\_\_\_\_ Drivers License Number & State: None

Date Of Birth: \_\_\_\_\_ Place Of Birth: Guatemala

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2005	Present	Lincoln, NE	2005	Present
Los Angeles, CA	1990	2005	Los Angeles, CA	1998	2005

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Form 103  
Rev 11/2012  
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# **MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	Present	Lincoln Public Schools	Gary Czapal, Principal	(402) 436-1210
2009	Present	Hector El Dragon Martinez Corporation dba El Rancho Authentic Mexican Restaurant	Self	(402) 476-2800

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

I has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted ( city & state)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

IF YES, list the name of the premise.

Preciado Bros., Inc. d/b/a El Rancho Authentic Mexican Restaurant

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)  
☒ YES ☐ NO

5. List any alcohol related training and/or experience (when and where).

April 2013 Responsible Hospitality Council Management Training

2005 - 2009 Owner/2009 to present Manager of El Rancho Authentic Mexican Restaurant



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No.

DEPARTMENT OF IMMIGRATION



DEPARTMENT OF IMMIGRATION

Personal description of holder  
as of date of naturalization:

Date of birth:

Sex: MALE

Height: 5 feet 9 inches

Marital status: MARRIED

Country of former nationality:

GUATEMALA

INS Registration No.

I certify that the description given is true, and that the photograph affixed  
hereto is a likeness of me.

Ever Preciado

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Attorney General

at: LOS ANGELES, CA

The Attorney General having found that:

EVER KENY PRECIADO HERNANDEZ

then residing in the United States, intends to reside in the United States when so  
required by the Naturalization Laws of the United States, and had in all other  
respects complied with the applicable provisions of such naturalization laws and was  
entitled to be admitted to citizenship, such person having taken the oath of allegiance  
in a ceremony conducted by the

U.S. DISTRICT COURT  
FOR THE CENTRAL DIST. OF CALIFORNIA

at: LOS ANGELES, CA

on: MAY 25, 2000

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY,  
PRINT OR PHOTOGRAPH THIS CERTIFICATE,  
WITHOUT LAWFUL AUTHORITY.



Blasio Preciado  
Commissioner of Immigration and Naturalization

DEPARTMENT OF IMMIGRATION